

MANDATORY REGISTRATION FORM

DARIEN YOUTH COMMISSION - 2012/13 7TH GRADE TOPS (Teen Options)

STUDENTS WISHING TO ATTEND ANY OF THESE EVENTS MUST BE REGISTERED MEMBERS OF TOPS PRIOR TO ATTENDING
REGISTRATION BEGINS 8/20/12

October 12	TOKENEKE FAIR NIGHT	\$15.00	6:00 – 8:00	Tokeneke School
November 5	Afternoon @ the Movies	\$ 5.00	3:45 – 5:30	Darien Playhouse
December 7	MISTLETOE MAGIC	\$10.00	7:00 – 9:00	Town Hall Gym
January 25	BOWLING PARTY	\$10.00	3:30 – 5:00	Rip Van Winkle Lanes
March 22	ICE SKATING PARTY	\$ 7.00	7:30 – 9:00	Stamford Twin Rinks
April 26	SPRING FLING	\$10.00	7:30 – 9:00	Town Hall Gym
May 10	HINDLEY FAIR NIGHT	\$15.00	7:30 – 9:00	Hindley School

PAYMENT OPTION: (Please check one)

☐ Advance Payment - Discounted price of \$60.00 payable to Town of Darien (send to DYC—2 Renshaw Rd.)

☐ Pay per event (form to be dropped by 9/28/12 at MMS or sent to DYC - 2 Renshaw Rd.)

NAME _____ M/F _____
ADDRESS _____ PHONE _____
DOB _____ GRADE _____ SCHOOL _____

PARENTS' NAME & PHONE _____ CELL PHONE _____
PARENT E-MAIL _____

EMERGENCY NAME & PHONE NUMBER (Non-parent who is available during TOPS events)

HOLD HARMLESS & CONSENT FOR MEDICAL TREATMENT

1. I grant permission for _____ to participate in all TOPS (Teen Options) programs. Please list any allergies and/or medical conditions your child has of which we should be aware. _____
2. Does medication need to be administered during TOPS events? _____yes _____no
3. Physician's Name & Telephone #: _____
4. In the event of injury or illness of _____ and I or another parent, guardian or emergency contact cannot be contacted by reasonable & expeditious means, I hereby consent to any emergency medical treatment necessary to be administered by a licensed medical professional or facility.
5. In consideration for the privilege of participating in the Youth Commission's TOPS program, this is to certify that I, as a parent or guardian with legal responsibility for _____, do hereby consent and agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for personal injury, bodily injury, illness and property damage arising from _____ participation in the Youth Commission's TOPS program.

Signature of Parent _____

Date _____

On-line registration available: www.darienct.gov/yc

Family pin # & client barcode needed for online registration.

Call 203-656-7388 during normal business hours if those numbers are needed.